MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3580

03574

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 1yr.5mos.15days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 407 Cemetery Avenue, Cambridge
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Custis	Barrett	April	30	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	2-8-75	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	--	Maryland	U.S.

13. FATHER'S NAME: William Wherretts
14. MOTHER'S MAIDEN NAME: Mary Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
--		--	Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
491X Immediate cause	(a) Bronchial Pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome Associated With Cerebral Arteriosclerosis, With Psychotic Reaction — 2yrs.plus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-15, 1952, to 4-30, 1954, that I last saw the deceased alive on 4-30, 1954, and that death occurred at 2:23 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert H. Reddick	M. D.	E.S.S.Hospital, Cambridge, Maryland	4-30-54

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 2, 1954	Cambridge	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 1, 1954	John Mace, M.D.	LeCompte Funeral Service	Cambridge Md.

RECEIVED
MAY 3 1954
BUREAU V. S.

04505

MARYLAND 3602

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock - Rural
LENGTH OF STAY (In this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Petersburg

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock - Rural
STREET ADDRESS (If rural, give location): Petersburg

3. NAME OF DECEASED (Type or Print): (First) Vernon (Middle) Vanqua (Last) Bowie

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 5, 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: American Stores

11. BIRTHPLACE (State or foreign country): Co. Catonsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernon Bowie

14. MOTHER'S MAIDEN NAME: Rebecca Stadford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW 1

16. SOCIAL SECURITY No.: 178-18-3566

17. INFORMANT AND ADDRESS: Bernice B. Bowie, Hurlock, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a): Carcinoma of Stomach — Interval Between Onset and Death: 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1952, to April 30, 1954, that I last saw the deceased alive on April 30, 1954, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hayward T. Webb M. D. Easton, Maryland May 1, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 2, 1954

NAME OF CEMETERY OR CREMATORY: Petersburg Cemetery

LOCATION (City, town, or county) (State): Near Hurlock, Maryland

DATE REC'D BY LOCAL REG.: May 2 1954

REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND 3603

STATE DEPARTMETT OF HEALTH

03575

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock X
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Courtney (Middle) Spry (Last) Bradley

4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8/12/1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Federal Research Bureau
10b. KIND OF BUSINESS OR INDUSTRY (Ret.)
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William S. Bradley
14. MOTHER'S MAIDEN NAME Emily Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9 (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Leland Bradley, Hurlock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X

Immediate cause (a) Adeno Carcinoma F Prost. 6 — 3 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Incontinence — 7 mos

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION Above orchiectomy Jan 18 1953
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/25, 1952, to 4/12, 1954, that I last saw the deceased alive on 4/7, 1954, and that death occurred at 5.05 A m., from the causes and on the date stated above.

SIGNATURE Lucy Bloom (Degree or title) MD ADDRESS Peer Nev DATE SIGNED 4/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/12/54
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) Hurlock, Dor. (State) Md.

DATE REC'D BY LOCAL REG. April 12-1954
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS East New Market, Md

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03576

3581

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
LENGTH OF STAY (in this place) 7 mos. 14 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital 12

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 2212-2
STREET ADDRESS (If rural, give location) 410 Anne Street ✓

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) Henry (Last) Bradley
4. DATE OF DEATH (Month) April (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 6-15-70
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Daniel H. Bradley
14. MOTHER'S MAIDEN NAME Eliza (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Chronic Myocarditis — Unkn.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — Unkn.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1953, to 4-30, 1954, that I last saw the deceased alive on 4-30, 1954, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

SIGNATURE Thomas F Dredge (Degree or title) M.D. ADDRESS E.S.S.Hospital, Cambridge, Maryland DATE SIGNED 4-30-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 3 1954
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 4-30-54
REGISTRAR'S SIGNATURE John Moore, M.D.
24. FUNERAL DIRECTOR Holloway & Co. Chester Holloway ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03577

3582

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13

LENGTH OF STAY (in this place) 1day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fishing Creek X

STREET ADDRESS (If rural give location) Post Office

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) NORTH (Last) CANNON

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 22 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-1-1895

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. North

14. MOTHER'S MAIDEN NAME: Betty C. North

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Preston Cannon: Fishing Creek, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 18 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

260 X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1954 to 4/22, 1954, that I last saw the deceased alive on 4/22, 1954, and that death occurred at 11 A. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cambridge Md DATE SIGNED 4/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-25-1954

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park: Cambridge, Maryland

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 4-28-54

REGISTRAR'S SIGNATURE John Mace. M.D.

24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Maryland

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 3 1954
BUREAU V. S.

03578

MARYLAND 3604

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) Emma (Last) Corkran

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 6, 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Marshall

14. MOTHER'S MAIDEN NAME: No data available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William M. Corkran, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinomatosis of lungs — Interval Between Onset and Death: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast — 1 yr +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to April 7, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE W C Harrison (Degree or title) MD ADDRESS Hurlock Md DATE SIGNED 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: April 9, 1954

NAME OF CEMETERY OR CREMATORY: Washington Cemetery

LOCATION (City, town, or county) (State): Hurlock, Maryland

DATE REC'D BY LOCAL REGI: April 9-1954

REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
APR 19 1954
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03579

3605 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek, R.F.D.
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek R.F.D.
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Elzey

4. DATE OF DEATH: (Month) (Day) (Year) April 10, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan 18, 1889

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Farmer self employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dor. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Elzey

14. MOTHER'S MAIDEN NAME: Mary (last name unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Robt. Lee Elzey, Church Creek, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval Between Onset And Death 5 YRS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 DEC, 1948, to 10 APRIL, 1954 that I last saw the deceased alive on 4/2, 1954, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE Hallie E Gunby M.D. (Degree or title) ADDRESS Cambridge 2nd DATE SIGNED 12 April 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apr. 13, 1954

NAME OF CEMETERY OR CREMATORY Dorchester Mem. Park

LOCATION (City, town, or county) Cambridge, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-13-54

REGISTRAR'S SIGNATURE John Mace M.D.

24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03580

CERTIFICATE OF DEATH

3583 Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY in this place 5 yrs 8/27/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) 609 Main Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WESLEY (Last) FAULKNER
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 10, 1878	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Maryland	U. S. A.

13. FATHER'S NAME: John Faulkner
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 422.1	(a) Bronchopneumonia	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	3 yrs. plus
	DUE TO (c) Generalized Arteriosclerosis	3 yrs. plus
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Chronic Brain Syndrome associated with Senile Brain Disease	5 yrs plus

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/18/54	Strangulated Hernia	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1953, to 4/25, 1954, that I last saw the deceased alive on 4/25, 1954, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Robert H. Paddick M.D. ADDRESS State Hospital, Cambridge Md. DATE SIGNED 4/25/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/29/54	Templeville	Templeville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-28-54	John Mace, M.D.	J. E. Boulais	Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1954
BUREAU V. S.

04510

MARYLAND 3606

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural; LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bobtown	STREET ADDRESS (If rural, give location) Bobtown

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Frazier			4. DATE OF DEATH (Month) April (Day) 29 (Year) 1954		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 15, 1900	9. AGE last birthday 53 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Holmes			14. MOTHER'S MAIDEN NAME Mary Jane Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. 217-12-4121	17. INFORMANT AND ADDRESS Frank Frazier, Hurlock, Md., R.F.D.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 6 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Squamous cell Carcinoma - F Cervix — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/9, 1944, to 4/29, 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Preston, Maryland DATE SIGNED May 1, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 2, 1954	NAME OF CEMETERY OR CREMATORY Washington Cemetery	LOCATION (City, town, or county) (State) Near Hurlock, Maryland
DATE REC'D BY LOCAL REG. May 2-1954	REGISTRAR'S SIGNATURE Chas W Hastings	24. FUNERAL DIRECTOR J.J.Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03581

2411 N. Charles Street, Baltimore

3584

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Edmunds Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): Edmunds Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Godfrey

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-1-1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Factory
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Hattie Godfrey, Cambridge, Md. wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac Decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to 6 April, 1954, that I last saw the deceased alive on 6 April, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 227 Pine St-Cambridge, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4-11-54 — NAME OF CEMETERY OR CREMATORY: Seaford Cemetery — LOCATION (City, town, or county) (State): Seaford, Delaware

DATE REC'D BY LOCAL REG.: 4-7-54 — REGISTRAR'S SIGNATURE: John Mace M.D.
24. FUNERAL DIRECTOR: Lewis H. Laynuem, Cambridge, Md. — ADDRESS: Reese, Milford, Delaware

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03582

3585 CERTIFICATE OF DEATH Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Hughes Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 17 Hughes Street

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) FRANKLIN (Last) HORSEY

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 7, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 4 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley Horsey

14. MOTHER'S MAIDEN NAME: Argustina King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ethel Floyd, Cambridge, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arteriosclerotic heart disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Decompensation DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr ,1953 , to 29 Apr , 1954, that I last saw the deceased alive on 29 Apr., 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE J. EDWIN FASSETT, M.D. (Degree or title) ADDRESS 227 Pine St-Cambridge, Md. DATE SIGNED 30 Apr 54

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial DATE THEREOF 5/2/1954 NAME OF CEMETERY OR CREMATORY Hopewell Cemetery LOCATION (City, town, or county) (State) Somerset County, Md.

DATE REC'D BY LOCAL REGISTRAR May 1, 1954 REGISTRAR'S SIGNATURE John Mace, M.D. 24. FUNERAL DIRECTOR ADDRESS Herbert M.St.Clair,Jr.,Cambridge,Md.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

Item 21 Film G164 4-26-54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03583

3586 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

LENGTH OF STAY (in this place) since 2/15/54

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ind.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

STREET ADDRESS (If rural give location) 3 06 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Celia (Middle) Ellis (Last) Hurley

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: October 12,1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wesley Horseman

14. MOTHER'S MAIDEN NAME: Mary

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fracture of right humerus — 18 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with Senile Brain Disease, with psychotic reaction — 2 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ESS. Hosp.

(CITY OR TOWN) Cambridge, rur. (COUNTY) Dorch. 09 (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 3/30/54 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Got out of bed, slipped and fell to floor.

22. I hereby certify that I attended the deceased from 2/15, 1954, to 4/16, 1954, that I last saw the deceased alive on 4/16, 1954, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE Robert H. Reddick (Degree or title) M.D. ADDRESS State Hospital, Cambridge, Md. DATE SIGNED 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 18th 1954

NAME OF CEMETERY OR CREMATORY Vienna

LOCATION (City, town, or county) (State) Vienna

DATE REC'D BY LOCAL REGISTRAR 4-18-54

REGISTRAR'S SIGNATURE John Mace M.D.

24. FUNERAL DIRECTOR F. B. Wielaughby ADDRESS East Main Market Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1934
BUREAU V. S.

03584

MARYLAND 3607

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Secretary — LENGTH OF STAY (in this place): 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Secretary
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Webster (Last) Hurley
4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/7/1900
9. AGE last birthday: 53 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Meadowave Shirts
10b. KIND OF BUSINESS OR INDUSTRY: Cambridge
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: George Hurley
14. MOTHER'S MAIDEN NAME: Mollie Blake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-0779
17. INFORMANT AND ADDRESS: Mrs Ruth D. Hurley, Secretary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism — Acute

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis, massive — 10 days

(c) Coronary sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psycho-neurosis, anxiety in type — 15 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1954, to Apr 12, 1954, that I last saw the deceased alive on Apr 12, 1954, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: J Thompson — (Degree or title): M D — ADDRESS: Cambridge Md — DATE SIGNED: Apr. 13, 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/15/54 — NAME OF CEMETERY OR CREMATORY: East New Market — LOCATION (City, town, or county): East New Market — (State): Md.

DATE REC'D BY LOCAL REG.: 5/14/54 — REGISTRAR'S SIGNATURE: Elizabeth C. Smith

24. FUNERAL DIRECTOR: Ruth S. Willoughby — ADDRESS: East New Market, Md.

MARGIN RESERVED FOR BINDING

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03585

3587 CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 121 Cedar St.

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Davidson (Last) Hurley

4. DATE OF DEATH: (Month) (Day) (Year) April 10, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 5, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): East New Market, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Davidson

14. MOTHER'S MAIDEN NAME: Mary E. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Daniel J. Hurley, 121 Cedar St. Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary occlusion — 11 days

DUE TO

(c) Hypertensive Heart Disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 19 54, to 4/10, 19 54, that I last saw the deceased alive on 4/10, 19 54, and that death occurred at 12.10 A.M., from the causes and on the date stated above.

SIGNATURE Lawrence Mangano (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apr. 12, 1954

NAME OF CEMETERY OR CREMATORY East New Market Cemetery

LOCATION (City, town, or county) East New Market Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 12, 1954

REGISTRAR'S SIGNATURE John Mace, M.D.

24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md. ADDRESS

VS. A15

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APR 13 1954
BUREAU V. S.

3588 03586

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 102 Muse Street

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) LOFTON (Last) HURLEY
4. DATE OF DEATH (Month) APRIL (Day) 2 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-6-1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Theatre
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hobe Hurley
14. MOTHER'S MAIDEN NAME: Caroline Hurley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-20-7501
17. INFORMANT & ADDRESS: Mrs. Pearl Hurley; Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary embolus — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 1 hr + 45 min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Alfred R. Maryanow M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-5-1954
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 4-5-54
REGISTRAR'S SIGNATURE John Mace M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

APR 8 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3589 **CERTIFICATE OF DEATH** Reg. No. 03587 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Hayward Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 100 Hayward Street

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) WINFIELD (Last) HURST
4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-6-1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Baggage Master
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Hurst
14. MOTHER'S MAIDEN NAME: Sarah Harper
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: not known
17. INFORMANT & ADDRESS: Mrs. Hattie Hurst: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

159X Immediate cause (a) Malignancy of G. I. Tract — 1 year.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO arterio-Sclerosis Generalized — 1 year

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 5 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1953, to 4-10, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) Pedridge Hd Offmd ADDRESS Cambridge Md DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-12-1954
NAME OF CEMETERY OR CREMATORY Washington Cemetery
LOCATION (City, town, or county) (State) Hurlock, Maryland
DATE REC'D BY LOCAL REGISTRAR 4-23-54
REGISTRAR'S SIGNATURE John Mace M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03588

3590 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge -Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 7, 1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Scott
14. MOTHER'S MAIDEN NAME: Anna Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-09-6903
17. INFORMANT & ADDRESS: Deceased before death

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 192X (a) Acute urinary suppression-Kidney failure — Interval Between Onset And Death: 9 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Nephritis — Over year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1953, to 4/30, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 12:50p.m., from the causes and on the date stated above.
SIGNATURE Harold M. Wilson (Degree or title) ADDRESS DATE SIGNED
Harold M. Wilson, M.D. 224 Pine St., Camb., Md. 4/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 5/2 54 NAME OF CEMETERY OR CREMATORY Baltimore Md. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR May 3, 1954 REGISTRAR'S SIGNATURE John Mace, M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03589

CERTIFICATE OF DEATH

Dr. Hanks 3591

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) R.D. #

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) Marie (Last) Jones

4. DATE OF DEATH: (Month) Apr. (Day) 30 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Feb-8-1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 2 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House Work At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elliott Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wesley Jones
14. MOTHER'S MAIDEN NAME: Martha Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr Granville Jones (Brother) R.D. Mardela, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 570.2

Immediate cause (a) MESENTERIC THROMBOSIS (ABDOMEN) — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ARTERIOSCLEROSIS (SEVERE)

DUE TO (c) PERIPHERAL VESSEL DISEASE — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC NEPHRITIS — ?

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1954 to 4/30, 1954 that I last saw the deceased alive on 4/30, 1954, and that death occurred at 1:50 P.m., from the causes and on the date stated above.

SIGNATURE W. J. Hanks (DEGREE OR TITLE) M.D. ADDRESS Cambridge Md DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 2-54
NAME OF CEMETERY OR CREMATORY Mardela Cem.
LOCATION (City, town, or county) Mardela, Maryland. (State)

DATE REC'D BY LOCAL REG. April 30, 1954
REGISTRAR'S SIGNATURE John Mace M.D.
24. FUNERAL DIRECTOR Holloway & Co. - Salisbury - Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 3 1954
BUREAU

03590

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3592

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge, Maryland
STREET ADDRESS (If rural, give location): 9 Hughes Street

3. NAME OF DECEASED (Type or Print): (First) Eligah (Middle) (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 1881

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Dorchester County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eligah Jones

14. MOTHER'S MAIDEN NAME: Henrietta Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: 245 High St
Charlie Jones-Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Decompensation — 3wks

(c) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Apr, 1954, to 24 Apr, 1954, that I last saw the deceased alive on 24 Apr, 1954, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: J. Edwin Fassett (Degree or title) ADDRESS: 227 Pine St-Cambridge, Md. DATE SIGNED: 27 Apr 54

J. EDWIN FASSETT, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-28-54 — NAME OF CEMETERY OR CREMATORY: Thompsontwon Cemetery — LOCATION (City, town, or county): Cambridge-Dor- — (State): Md.

DATE REC'D BY LOCAL REG.: 4-28-54

REGISTRAR'S SIGNATURE: John Mace, M.D.

24. FUNERAL DIRECTOR: Louis H. Bayne, Jr. — ADDRESS: Cambridge, Md.

RECEIVED
AV P 1954
BUREAU V. S.

3593

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03591 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 115

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

LENGTH OF STAY (in this place) 18 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Quantico

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Jones

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 12, 1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Isaac J. Jones

14. MOTHER'S MAIDEN NAME: Sarah Jane Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

2037

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture [illegible] Femur — 7 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital

21c. (City or town) Cambridge (County) Dor. (State) Maryland

21d. TIME OF INJURY (Month) Apr. (Day) 23 (Year) [illegible] (Hour) 45 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell while standing at water cooler

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James Mace Jr. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 4th 1954

NAME OF CEMETERY OR CREMATORY Eastern Shore State Hosp.

LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. 4-30-54

REGISTRAR'S SIGNATURE John Mace M. D.

24. FUNERAL DIRECTOR LeCompte's Funeral Service ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
MAY
U. S.

3608

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03592 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural) X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gypsy Hill Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge (Rural)
STREET ADDRESS (If rural, give location) East New Market RFD #1

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LEROY (Last) KURTH

4. DATE OF DEATH (Month) APRIL (Day) 22 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	8-14-1926	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck driver:	Construcion Co.	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Carl O. Kurth	Rose Diskan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes W.War II	Not Known	Carl O. Kurth: Cambridge, RFD#1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac arrest due to — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) electric shock.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0	—	Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Construction	Cambridge	Manchester	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☑ Not while at work ☐	21f. HOW DID INJURY OCCUR?
4 22 -54 5:45 P.M.	0	Boom of Crane Struck 44,000 Volt Electric Line

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-1954	East New Market Cemetery:	East New Market, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-25-54	John Mace M.D.	LeCompte Funeral Service Cambridge, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

REC
APR
REAU V. S.

MARYLAND 3609

STATE DEPARTMENT OF HEALTH 03593

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale - Rural; LENGTH OF STAY (in this place): 15 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Reliance	STREET ADDRESS (If rural, give location): Near Reliance

3. NAME OF DECEASED (Type or Print)	(First) Dorothy	(Middle) Ann	(Last) Lankford	4. DATE OF DEATH	(Month) April (Day) 14 (Year) 1954
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 29, 1874	9. AGE last birthday: 79 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Sussex County, Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Lankford			14. MOTHER'S MAIDEN NAME: Jane Brinsfield		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None		17. INFORMANT AND ADDRESS: Mrs. Walter L. Fooks, Rhodesdale, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152X

Immediate cause (a) Carcinoma of Sigmoid

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 18 Month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to April 13, 1954, that I last saw the deceased alive on 4/12, 1954, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE: F H S Kuhlmann (Degree or title) M.D. ADDRESS: S Harpstown Md DATE SIGNED: 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: April 16, 1954	NAME OF CEMETERY OR CREMATORY: Eldorado Cemetery	LOCATION (City, town, or county) (State): Eldorado, Maryland
DATE REC'D BY LOCAL REG.: April 16-1954	REGISTRAR'S SIGNATURE: Chas W Hastings	24. FUNERAL DIRECTOR ADDRESS: J.J.Framptom and Son, Federalsburg, Md.	

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3594 CERTIFICATE OF DEATH Reg. Dist. No. 03594 116

1 PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 6yrs.10mos.11das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 114 Choptank Avenue

3. NAME OF DECEASED: (Type or Print) (First) Olivia (Middle) - (Last) Marvel
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: 6-6-72
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Meekins
14. MOTHER'S MAIDEN NAME: Levina Willams
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: E.S.S.H. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 6 years plus

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis — 6 Yrs. plus

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid Condition — 8 Yrs.plus

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 ...,19 51, to ...4-13....., 19 54, that I last saw the deceased alive on ...4-13..., 19 54, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Reddick, M.D. ADDRESS State Hospital Cambridge Md. DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-15-1954
NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery
LOCATION (City, town, or county) (State) Church Creek, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-15-54
REGISTRAR'S SIGNATURE John D Pace, M.D.
24. FUNERAL DIRECTOR LeCompte Funeral Service
ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03595

3595 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 12
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 215 Race Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 12
STREET ADDRESS (If rural give location) 215 Race Street

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) L. (Last) OSWALD
4. DATE OF DEATH: (Month) APRIL (Day) 6 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-6-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Pegelow
14. MOTHER'S MAIDEN NAME: Ann Pegelow
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Roy Robbins: Rfd #2 Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Uremia — 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio-sclerosis, ~~gen~~ C V D C̄ x adm — ?

DUE TO

(c) Arterio sclerosis generalizer — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Starvation; Senile psychosis — 14 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1941, to Apr, 1954, that I last saw the deceased alive on Apr 6, 1954, and that death occurred at noon, from the causes and on the date stated above.

SIGNATURE J U Thompson (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED Apr 8, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-8-1954
NAME OF CEMETERY OR CREMATORY East New Market Cemetery,
LOCATION (City, town, or county) (State) East New Market, Md.
DATE REC'D BY LOCAL REGISTRAR 4-9-54
REGISTRAR'S SIGNATURE John Mace M.D.
24. FUNERAL DIRECTOR LeCompte Funeral Service
ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3596

CERTIFICATE OF DEATH

03596

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

LENGTH OF STAY (in this place) 70 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

STREET ADDRESS (If rural give location) Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Meekins (Last) Paul

4. DATE OF DEATH: (Month) (Day) (Year) Apr.1,1954 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 10,1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if [redacted]ife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoopersville

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: J.Summerfield Meekins

14. MOTHER'S MAIDEN NAME: Margaret (last name unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS Washington St., Mrs.Earl Johnson,Cambridge,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Heart Disease

DUE TO

(c) Arterio Sclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Old Cerebral Hemorrhage c Hemiplegia Rt.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-,1951, to 3-30, 1954, that I last saw the deceased alive on 3-30, 1954, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert E Bunker MD ADDRESS 9 Race St. Cambridge Md. DATE SIGNED 4-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Apr.3,1954

NAME OF CEMETERY OR CREMATORY Cambridge Cemetery

LOCATION (City, town, or county) (State) Cambridge,Md.

DATE REC'D BY LOCAL REGISTRAR 4/12/54

REGISTRAR'S SIGNATURE John Mace M.D.

24. FUNERAL DIRECTOR Kenneth R.Thomas,Cambridge,Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 13 1954

BUREAU V. S.

Film#G164 Item# 7
4/26/54 emf

03597

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3597

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md Hospital	STREET ADDRESS (If rural, give location) 4 Park Lane

3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) Virginia	(Last) Pinder	4. DATE OF DEATH	(Month) April	(Day) 16	(Year) 1954
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov-1-1896	9. AGE last birthday 57 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (State or foreign country) Trappe, Tal. Co. Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Minus Pinder	14. MOTHER'S MAIDEN NAME Mary Pinder						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-07-7401	17. INFORMANT James Pinder					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1954, to 16 Apr, 1954, that I last saw the deceased alive on 16 Apr, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Peter Fassett		227 Pine St Cambridge Md	19 April 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	19 Apr 54	Waugh Cemetery	Cambridge	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-19-54	John Mace, M.D.	H.M. StClair, Jr-Cambridge, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03599

3610 CERTIFICATE OF DEATH Reg. Dist. No. 115

1. PLACE OF DEATH.
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fishing Creek X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fishing Creek X
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) EVERETT (Middle) LEE (Last) SCHOCKLEY

4. DATE OF DEATH: (Month) APRIL (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 5-7-1900

9. AGE last birthday: 54 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Schockley

14. MOTHER'S MAIDEN NAME: Letitia Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-12-6146

17. INFORMANT & ADDRESS: Mrs. Ruby Schockley: Fishing Creek Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to April 27/54, that I last saw the deceased alive on April 27 1954, and that death occurred at 1145 P M, from the causes and on the date stated above.
SIGNATURE James W. Meade M. D. ADDRESS Fishing Creek Md. DATE SIGNED April 30 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-30-1954 — NAME OF CEMETERY OR CREMATORY Hoosier Memorial Cemetery — LOCATION (City, town, or county) Fishing Creek, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Apr 30/54 — REGISTRAR'S SIGNATURE James W Meade

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information — refuse. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
MAY 6 1954
BUREAU V. S.

3598

03600
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ...66...

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS alley rear J. A. Slacum Garage

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge

STREET ADDRESS (If rural, give location) 105 Pine Street

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) L. (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year) April 3, 19

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 16, 1836

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General Laborer

11. BIRTHPLACE (State or foreign country): Somerset Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] Stewart

14. MOTHER'S MAIDEN NAME: Harriett Water

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-10-3115

17. INFORMANT & ADDRESS: Mrs. Laura [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) [illegible]

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]

DATE THEREOF 4-6-54

NAME OF CEMETERY OR CREMATORY Laugh Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE John Mace M.D.

24. FUNERAL DIRECTOR [illegible] Clair, [illegible]

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03601

3599

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cambridge
LENGTH OF STAY (in this place) since 1/5/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospita l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) ALGERNON (Last) Taylor
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: 1872 (?)
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: A, Sidney Taylor
14. MOTHER'S MAIDEN NAME: Elizabeth Turner

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Chronic Myocarditis	3 yrs.plus
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Generalized Arteriosclerosis	3 yrs.plus
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — 3 yrs.plus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 ..., 19 51, to 4/19 ..., 19 54, that I last saw the deceased alive on 4/18, 1954, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Reddick M.D. ADDRESS State Hospital, Cambridge, Md. DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 22, 1954 NAME OF CEMETERY OR CREMATORY TAYLOR CEMETERY LOCATION (City, town or county) SALISBURY (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR April 22, 1954 REGISTRAR'S SIGNATURE John Moore, M.D.

24. FUNERAL DIRECTOR Hill & Johnson Co. ADDRESS Salisbury, Md.
George C. Hill

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03602

3600 · CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenburn Convalesanse Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location.) Glenburn Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) OEH (Last) VANE

4. DATE OF DEATH: (Month) APRIL (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Calvin Vane : Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) COMPLETE HEART BLOCK — Interval Between Onset And Death: 48 HOURS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 APRIL, 1952, to 17 APRIL, 1954, that I last saw the deceased alive on 15 APRIL, 1954, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

SIGNATURE Walter E. Hunt JR MD (Degree or title) ADDRESS 105 Church St. Cambridge Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-18-1954

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park: Cambridge, Maryland

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 4-23-54

REGISTRAR'S SIGNATURE John Meese M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15

RECEIVED
APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **03603**

3611 **CERTIFICATE OF DEATH** Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bucktown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge (Rural)
STREET ADDRESS (If rural give location) Bucktown

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) J (Last) WEBER
4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-1-1863
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own GeneralFarm
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr. George Weber, Bucktown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebrovascular accident — Interval Between Onset And Death: 6 hrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular disease — 8 yrs.

DUE TO (c) Old Age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1954, to April 10, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 10 12 PM, from the causes and on the date stated above.

SIGNATURE Wilbur N. Baumann (Degree or title) Sr D ADDRESS 3 Church St DATE SIGNED 4-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-13-1954 NAME OF CEMETERY OR CREMATORY East New Market Cemetery LOCATION (City, town, or county) (State) East New Market, Md.
DATE REC'D BY LOCAL REGISTRAR John Mace MD REGISTRAR'S SIGNATURE 4-21-54
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03604

3601 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ddrchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Creek X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Woolford

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 18 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Dobson

14. MOTHER'S MAIDEN NAME: Lizzie Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: George Woolford, Cambridge R. 1 Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Heart Disease — 4 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17/54 to 4/29, 19 54, that I last saw the deceased alive on 4/29, 19 54, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE Laurence Maynard M.D. ADDRESS Cambridge Md DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: May 2, 1954

NAME OF CEMETERY OR CREMATORY: Hughes Mission

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 1. 1954

REGISTRAR'S SIGNATURE: John Mace, M.D.

24. FUNERAL DIRECTOR ADDRESS: Lewis H. Baynuem, Cambridge, Md.

RECEIVED
MAY 4 1954
BUREAU V. S

MARYLAND

03605

STATE DEPARTMETT OF HEALTH

3612

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna Rural
MARYLAND
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Doc.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Stanfield (Last) Yarnall

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/26/1874

9. AGE Last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Dont know

14. MOTHER'S MAIDEN NAME Dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Lois M. Yarnall (wife) Vienna, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 5 yrs

434.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1949, to 29 APR, 1954, that I last saw the deceased alive on 18 DEC, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Walter E. Hurley (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 5/2/1954

NAME OF CEMETERY OR CREMATORY Washington

LOCATION (City, town or county) Bucktock (State) Md.

DATE REC'D BY LOCAL REG. 4-30-54

REGISTRAR'S SIGNATURE John Mace, M.D.

24. FUNERAL DIRECTOR & ADDRESS Ruth S. Hillegas East New Market Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1954
BUREAU V. S.